



<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/872,250	
	Filing Date	June 1, 2001	
	First Named Inventor	Gary S. Grubb	
	Art Unit	1617	
	Examiner Name	San Ming R. Hui	
Total Number of Papers in This Submission	Six	Attorney Docket Number	WYTH0106-100 (AM100058)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Renewed Petition under 37 CFR § 1.137(b) and Request for Reconsideration under 37 CFR § 1.116  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input checked="" type="checkbox"/> Renewed Petition For Revival of an Application For Patent Abandoned Unintentionally under 37 CFR § 1.137(b)  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input checked="" type="checkbox"/> Power of Attorney and Correspondence Address Indication Form  <input type="checkbox"/> Terminal Disclaimer  <input checked="" type="checkbox"/> Request for Continued Examination (RCE) Transmittal  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  - Executed Statement under 37 CFR § 3.73(b)
<b>RECEIVED</b> JAN 03 2005 <b>OFFICE OF PETITIONS</b>		
<b>Remarks</b> EXPRESS MAIL LABEL NO.: EL964 552 519US DATE OF DEPOSIT: December 23, 2004		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Cozen O'Connor, P.C.		
Signature			
Printed Name	Michael A. Patané		
Date	December 23, 2004	Reg. No.	42,982

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited, via Express Mail Service, with the United States Postal Service with sufficient postage in an envelope addressed to: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Michael A. Patané	Date	December 23, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 960.00

**Complete if Known**

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First Named Inventor	Gary S. Grubb
Examiner Name	San Ming R. Hui
Art Unit	1617
Attorney Docket No.	WYTH0106-100 (AM100058)

**METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 50-1275 Deposit Account Name: Cozen O'Connor, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☒ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
11	20 or HP = 00	x	=

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
01	3 or HP = 00	x	=

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x	=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE (\$790)/Pet. to Revive Unintentionally (\$1,500 - \$1,330 pd. 9/28/04)

Fees Paid (\$)

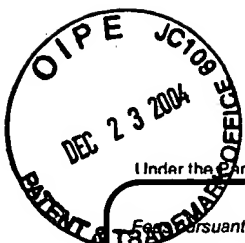
960.00

**SUBMITTED BY**

Signature	<i>Michael A. Patané</i>	Registration No. (Attorney/Agent) 42,982	Telephone (215) 665-6966
Name (Print/Type)	Michael A. Patané		Date December 23, 2004

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Effective on 12/08/2004.

See pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 960.00

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Examiner Name San Ming R. Hui  
Art Unit 1617  
Attorney Docket No. WYTH0106-100 (AM100050N 03 2015)

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OFFICE OF PETITIONS

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 50-1275 Deposit Account Name: Cozen O'Connor, P.C.

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#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
11 - 20 or HP = 00 x =		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
01 - 3 or HP = 00 x =		
HP = highest number of independent claims paid for, if greater than 3.		
Multiple Dependent Claims		Fee (\$)
		Fee Paid (\$)

#### 3. APPLICATION SIZE FEE

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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x = Fee Paid (\$)

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

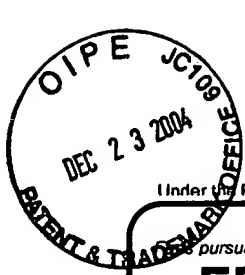
Other (e.g., late filing surcharge): RCE (\$790)/Pet. to Revive Unintentionally(\$1,500 - \$1,330 pd. 9/28/04) 960.00

#### SUBMITTED BY

Signature: Michael A. Patané Registration No. (Attorney/Agent) 42,982 Telephone (215) 665-6966  
Name (Print/Type): Michael A. Patané Date December 23, 2004

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Small Entity Fee (\$)  
25

Each independent claim over 3 (including Reissues)

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100

Multiple dependent claims

360

180

#### Total Claims

#### Extra Claims

#### Fee (\$)

#### Fee Paid (\$)

11 - 20 or HP = 00 x =

HP = highest number of total claims paid for, if greater than 20.

#### Indep. Claims

#### Extra Claims

#### Fee (\$)

#### Fee Paid (\$)

01 - 3 or HP = 00 x =

HP = highest number of independent claims paid for, if greater than 3.

#### Multiple Dependent Claims

#### Fee (\$)

#### Fee Paid (\$)

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